

## CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5-99)

1. CIR. DIST. DIV. CODE NJX03	2. PERSON REPRESENTED CHARTOINE OLGESBY		VOUCHER NUMBER	
3. MAG. DKT. DEF. NUMBER 11-5028(TJB)	4. DIST. DKT. DEF. NUMBER	5. APPEALS DKT. DEF. NUMBER	6. OTHER DKT. NUMBER	
7. IN CASE MATTER OF (Case Name) US v. CHARTOINE OLGESBY	8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	10. REPRESENTATION TYPE (See Instructions) CC	

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section). If more than one offense, list up to five major offenses charged, according to severity of offense  
21: 841 - CONTROLLED SUBSTANCE-SELL, DISTRIBUTE, OR DISPENSE

12. ATTORNEY'S NAME (First Name, M.I. Last Name, including any suffix).  
AND MAILING ADDRESS  
**Holliday, John M.**  
Golden Crest Corporate Center  
2273 Route 33, Suite 207  
Trenton, NJ 08690  
Telephone Number **609-587-1010**

13. COURT ORDER  
 O Appointing Counsel  C Co-Counsel  
 F Subs For Federal Defender  R Subs For Retained Attorney  
 P Subs For Panel Attorney  Y Standby Counsel  
  
Prior Attorney's \_\_\_\_\_  
Appointment Dates: \_\_\_\_\_  
 Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in the following case:  
 Other (See Instructions) *John Holliday*

Signature of Presiding Judicial Officer or By Order of the Court

6/13/2011

Date of Order

Nunc Pro Tunc Date

Repayment or partial repayment ordered from the person represented for this service at time appointment  YES  NO

14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)  
  
Golden Crest Corporate Center  
2273 Route 33, Suite 207  
Trenton, NJ 08690

CLAIM FOR SERVICES AND EXPENSES			FOR COURT USE ONLY		
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT
In	a. Arraignment and/or Plea				
	b. Bail and Detention Hearings				
	c. Motion Hearings				
	d. Trial				
	e. Sentencing Hearings				
	f. Revocation Hearings				
	g. Appeals Court				
	h. Other (Specify on additional sheets)				
(RATE PER HOUR = \$ ) TOTALS:					
Out of	a. Interviews and Conferences				
	b. Obtaining and reviewing records				
	c. Legal research and brief writing				
	d. Travel time				
	e. Investigative and other work (Specify on additional sheets)				
(RATE PER HOUR = \$ ) TOTALS:					
17. Travel Expenses (lodging, parking, meals, mileage, etc.)					
18. Other Expenses (other than expert, transcripts, etc.)					

## GRAND TOTALS (CLAIMED AND ADJUSTED):

19. CERTIFICATION OF ATTORNEY PAYEE FOR THE PERIOD OF SERVICE  
TO: \_\_\_\_\_

20. APPOINTMENT TERMINATION DATE  
IF OTHER THAN CASE COMPLETION

21. CASE DISPOSITION

22. CLAIM STATUS  Final Payment  Interim Payment Number \_\_\_\_\_ Supplemental Payment

Have you previously applied to the court for compensation and/or reimbursement for this Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation?  YES  NO If yes, were you paid?  YES  NO

I swear or affirm the truth or correctness of the above statements.

Signature of Attorney \_\_\_\_\_

Date \_\_\_\_\_

## APPROVED FOR PAYMENT - COURT USE ONLY

23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT APPR./CERT.
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE/MAG. JUDGE CODE
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT APPROVED
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE